

● PRINTER RUSH ●  
(PTO ASSISTANCE)

Application :	09/751885	Examiner :	06636215
From:	<u>CWC</u>	Location:	<u>IBD</u> FMF FDC
		GAU : <u>3632</u>	
		Date: <u>7/11/05</u>	
		Tracking #: <u>06036215</u> Week Date: <u>11-01-04</u>	

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	8-31-04	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	3-03-05	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE:

Claims 11, 12 (original 15, 16) depend on claim 25 (original 33).  
 Claims 21, 22, 23, 24 (original 22, 23, 31, 32) depend on claim 26 (original 34).  
 Thank you

[XRUSH] RESPONSE: In amended claims filed on 8/31/04, the original claim 15, line 1, "claim 1 or 33" which means claim 15 depend on either claim 1 or 33. Same for other dependent claims. See amended claims enclosed.

INITIALS: AJW

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.  
 REV 10/04